

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
STANDARD ANNULAR PRESSURE TEST

Operator Chevron
Address 10691 E. CARTER Rd. Suite 201
TRAVERSE City MI 49684-5499
Well Name MELACHLAN 3-27

State Permit No. 55235
USEPA Permit No. MI-079-20-0045
Date of Test 1/17/13
Well Type 20

LOCATION INFORMATION SE Quarter of the NE Quarter of the NW Quarter
of Section 27; Range 8W; Township 28N; County KALKASKA;
Company Representative RAY MITCHELL; Field Inspector RAY MITCHELL;
Type of Pressure Gauge BARN PRESS RECORDER inch face; 500 psi full scale; 5 psi increments;
New Gauge? Yes ☐ No ☐ If no, date of calibration _____ Calibration certification submitted? Yes ☐ No ☐

TEST RESULTS

Readings must be taken at least every 10 minutes for a minimum of 30 minutes for Class II, III and V wells and 60 minutes for Class I wells.
For Class II wells, annulus pressure should be at least 300 psig. For Class I wells, annulus pressure should be the greater of 300 psig or 100 psi above maximum permitted injection pressure.
Original chart recordings must be submitted with this form.

5-year or annual test on time? Yes ☒ No ☐
2-year test for TA'd wells on time? Yes ☐ No ☐
After rework? Yes ☐ No ☐
Newly permitted well? Yes ☐ No ☐

Time	Pressure (in psig)	
	Annulus	Tubing
<u>0</u>	<u>362</u>	<u>0</u>
<u>15</u>	<u>365</u>	<u>1</u>
<u>30</u>	<u>367</u>	<u>0</u>

Casing size 5 1/2
Tubing size 3 7/8
Packer type 440 - TENSILON
Packer set @ 2064
Top of Permitted Injection Zone _____
Is packer 100 ft or less above top of _____
Injection Zone? Yes ☐ No ☐
If not, please submit a justification. 28A1
Fluid return (gal.) 28A1

Comments: WELL INJECTION

Test Pressures: Max. Allowable Pressure Change: Initial test pressure x 0.03 10.86 psi
Test Period Pressure change 5 psi

Test Passed ☒ Test Failed ☐

If failed test, well must be shut in, no injection can occur, and USEPA must be contacted within 24 hours. Corrective action needs to occur, the well retested, and written authorization received before injection can recommence.

I certify under penalty of law that this document and all attachments are, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See 40 CFR 144.32(d))

RAY MITCHELL Printed Name of Company Representative
RAY MITCHELL Signature of Company Representative
1/17/13 Date